

State Bar Member Request for Fee Waiver Application Form
Rules & Regulations of State Bar, article I, § 7
MSC - Waivers, 180 Howard St, San Francisco, CA 94105

Any member, or legal representative, spouse, relative, law partner or associate, or other person familiar with the pertinent facts and circumstances may apply for a waiver of payment of the member's annual membership fees by submitting this completed application form, including appropriate documentation.

All application forms must be received by June 15, 2006, to be considered for the current membership year. Any incomplete application will be returned. Unless otherwise approved, an application form will be required for each Membership year and the current request will only apply to the annual membership fees accrued during this billing cycle.

Member's Name: _____ Bar Number: _____

Requestor's Name (if other than member): _____ Relationship: _____

Describe Request: _____ Amount: _____

List Basis/Reason for Request (use additional sheet if necessary): _____

Please note that there are limited circumstances in which payment of annual membership fees may be waived (see Rules and Regs. of State Bar, art I, § 7). Please check all items that apply. At least one of the following circumstances must exist:

<input type="checkbox"/> 1. Member is prevented or greatly impaired from pursuing a livelihood for a substantial portion of the membership year: attach documentation for any of the following: (a) Physical or mental condition: (b) Natural disaster (c) Family emergency	<input type="checkbox"/> 6. Member does not have the mental or physical capacity to execute the forms necessary to transfer to inactive status or to resign from the practice of law and the member does not have a court ordered conservator or someone with power of attorney.
<input type="checkbox"/> 2. Member's total annual income from all sources is \$20,000 or less. Please complete the Financial Declaration (see attached).	<input type="checkbox"/> 7. Member is presumed deceased.
<input type="checkbox"/> 3. Member serves full-time as a magistrate, commissioner, or referee, or in another similar capacity for a state or federal court of record (Quasi Judicial Waiver).	<input type="checkbox"/> 8. State Bar staff has erroneously assessed the fee or penalty.
<input type="checkbox"/> 4. Member is a retired judge who performs judicial functions at least 90% of the calendar year pursuant to assignment from the Chief Justice of the California Supreme Court.	<input type="checkbox"/> 9. One-time-only basis in major extenuating circumstances (documentation attached), if member has no previous record of discipline, administrative suspension, or late payment.
<input type="checkbox"/> 5. Member is inactive and over the age of 70.	<input type="checkbox"/> Request for acceptance of late scaling application on a one-time-only basis; member has no previous record of late scaling (see §7, subdivision II.B).

I declare under penalty of perjury under the laws of the State of California that this application is complete, true, and correct.

Signature: _____ Telephone Number: _____ Date: _____

State Bar Use Only:

Date Received by Staff: _____

Previous Requests: ☐ Yes ☐ No

Previous Suspension Record: _____

Staff Decision: ☐ Grant ☐ Deny

Staff Signature: _____